

Medication/Progress Note (SAN D/MAP Programs)

- WHEN:** This form is required to document services provided that are billed to the following CPT codes: H2010, 90862, M0064, 99078. This service includes evaluation of the need for medications, medication administration, evaluation of compliance, side effects and medication education.
- COMPLETED BY:** A person prescribing, administering or dispensing medication who is operating within his/her scope of practice; a Nurse when documenting that an order has been followed.
- ON WHOM:** All clients receiving services that will be billed to CPT Codes: H2010, 90862, M0064, 99078.
- MODE OF COMPLETION:** Legibly handwritten, typed or word processed on form HHSA:MHS-125.
- REQUIRED ELEMENTS:** The progress note must include the following information:
- Date of service
 - CPT/HCPCS code
 - DSM-IV-TR/ICD-9 diagnosis code(s)
 - Location of service
 - Provider staff ID
 - Face to face time (direct time)
 - Total time
 - Signature, title, credential
 - Date of documentation
 - Printed name or use of signature stamp
 - Medication prescribed
 - Client education about the intended effect of the medication
 - Description of the client's response to medication (in terms of decreased symptoms and/or increased-functioning), side effects and compliance (when there is a change), the plan for future services and the clinician's signature with title
- BILLING:** Refer to Documentation Requirements Grid for specific required elements that pertain to the CPT code billing to. Documentation to address the relevant following parameters, if indicated:
- What happened during therapy in relation to the initial findings?
 - What therapeutic interventions were used?
 - What was client's response to the interventions used?
 - What progress is made toward treatment goal?
 - Are any new obstacles to treatment discovered?

- Are there any revisions to diagnosis or therapeutic plan?
- Have any referrals been made for other therapy?
- Have any consultations been made to obtain additional diagnosis or treatment recommendations?

All entries into a client record must contain a signature and include the professional license and/or degree, and/or job title of the service provider. In addition, to ensure legibility, the entry must also contain either the service provider's printed name or signature stamp, either of which bears the professional license or degree, and/or job title. All entries into a client record must also contain both the date the service was provided and the date of documentation.

If biopsychosocial treatment is indicated, document if a referral is made to a medical physician; its establishment or an attempt to establish it should be noted. This relationship should address possible physiological causes for impairments and the possible need for psychoactive medication. Include when appropriate, the evaluation and treatment of clients medical conditions. Axis III should be documented, when the current general medical conditions are potentially relevant to the understanding or management of the individuals' mental disorder.

Nursing: Nurses use the Medication/Progress Note form for all client contacts concerning medication and labs.

Examples: Complete the "Medication/Progress Note" when:

- doing labs
- urine drug screen
- reordering medications
- giving pre-packs between MD/DO visits

Complete this form when the nurse is the sole provider of services on a given day, regardless of the task, since the nurse will be responsible for an assessment of the client in addition to the task at hand. When a nurse simply carries out an order for a blood draw or injection, the order should always be checked, initialed, dated, where the order is written on the completed medication/progress note filled out by the MD/DO.

Note in the tables the procedures code and the total number of minutes. To calculate total number of minutes include preparation time, interview time and documentation time spent solely as face-to-face time (direct time).

For example:	Total:	120 minutes
	Direct:	60 minutes

Note: It is possible that multiple persons/disciplines may complete and bill different portions of this form. Each time a service is rendered, the appropriate time allotment and CPT/HCPCS codes are to be documented.